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Application Number 02/986,719
 Filing Date November 6, 2001
 First Named Inventor Allen
 Art Unit 3732
 Examiner Name E. Robert
 Attorney Docket Number Dr. Drew Allen

I hereby revoke all previous powers of attorney given in the above-identified application:

☐ A Power of Attorney is submitted herewith.

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James R. Shay
 Wilson Sonsini Goodrich & Rosati
 650 Page Mill Road
 Palo Alto, CA 94304

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name Drew D. Allen
 Signature *[Signature]*
 Date 9/19/03

Telephone (408) 241-3238

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 1 forms are submitted.

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